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**WAIVER AND RELEASE OF ALL CLAIMS**

Please read this form carefully. When you sign this form you waive and release all claims for injuries you might sustain arising out of your participation in the activities and programs at The Gloucester Institute (TGI).

**Acknowledge Risk of Injury:** As a participant in the activities or programs at TGI, I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participation or use of such facilities, activities, or programs.

**Waive, Release & Indemnify:** I hereby waive, release and discharge any and all claims I may have or may acquire against GI its officers, agents, servants and employees as a result of my participation in the activities and programs of GI; and I agree to indemnify and hold harmless GI, its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses, including death, sustained while under the GI program, except for willful and wanton misconduct by GI or its authorized personnel.

**Emergency Care:** In the case of a need for emergency care, you authorize TGI to transport you to off-site locations and secure emergency medical transportation for you. This form does not authorize or guarantee treatment upon arrival at the designated source of emergency medical or dental treatment, as each emergency facility sets its own treatment procedures.

I have read and fully understand the above Waiver and Release of all Claims Form.

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Print Name of Participant

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Signature of Participant (parent if under 18)

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Date